			i				Application	or Do	ocket Num	ber	
	PATENT A	•		N FEE DE e Decemb	ION RECORD		09/	Olo	430	63	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED				NUMBER EXTRA		RATE	FEE	]	RATE	FEE	
BASIC FEE							**************************************	345.00	OR		690.00
TOTAL CLAIMS			26	minus 2	0= *		X\$ 9=		OR	X\$18=	108
INDEPENDENT CLAIMS			minus 3 = *				X39=		OR	X78=	18
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT		+130=		OR	+260=		
* If	the difference	in colu	ımn 1 is I	ess than ze	column 2	TOTAL	+	OR	TOTAL	87Ca	
	CI	LAIM	S AS A	MENDED			<u> </u>	₫ -	OTHER	THAN	
(Column				(Column 2)		(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	* NIT 4 T 1	2N 05 14	Minus	***	]=	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPI				-ENDENT CLAI	VI	+130=		OR	+260=	
		•					TOTA			TOTAL	
	•	(Co	umn 1)		(Column 2)	(Column 3)	ADDIT. FE	<del>د</del>		ADDIT. FEE	
AMENDMENT B	A	REN	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* ·		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=		OR	X78=	
Ļ	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEF	PENDENT CLAI	М	+130=			+260=	
,							+130= TOTA	L .	OR	+260= .TOTAL	
	· · · · · ·						ADDIT. FEI		OR	ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							T ADD!	1 1		I 455
AMENDMENT C	17 C C A 200	REN A	MAINING FTER NDMENT	100	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEI	PENDENT CLAI	М	.400	1			
	f the entry in colu	mn 1 is	less than th	ne entry in colu	ımn 2, write "0" in	column 3.	+130= TOTA		OR	+260= TOTAL	
<b></b>	If the "Highest Nu If the "Highest Nu	mber P mber P	reviously Pa reviously Pa	aid For" IN THI aid For" IN THI	IS SPACE is less t IS SPACE is less t	han 20, enter "20."	ADDIT. FEI	E	OR ox in co	ADDIT. FEE	L
	,•			. ,		• ;= -: .•		, , , , , , , , , , , , , , , , , , , ,			

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: U9 6

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	For Cade	िया व (प्राप्ताः	Number Estra X	Fee	Fee	- Total
Guale Filing Fee  Total Claims >20  Independent Claims >1  Mult. Dep Claim Present  Archarge  English Translation	201/101 201/101 201/101 201/104 201/104 201/104	QG 23 4 11	- <u>G</u> ×	Sm. Endry	640 108 130	
Fees due upon filing d Total Filing Fees Due Less Filing Fees Subm	he application. =	[006 (0)	(7)			
Office of Initial Patent	= S	ri Fi	gure 7			